

Oconto County Assessment Data Request Form



Contact Information: (Please Print)

Requesting Organization / Company Name (If Applicable): _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Authorization: (The following signature represents and warrants that s/he is authorized to execute this document on behalf of the requesting organization/ entity)

Requestor Signature _____ Date _____

Data Identification: (Please Identify the Data being Requested)

Hard Copy Data Request: (Please check appropriate boxes)

	# of Documents	Total
<input type="checkbox"/> Assessors Work Roll (Per Municipality)	_____	x 20.00 = _____
<input type="checkbox"/> Alpha List (Per Municipality)	_____	x 10.00 = _____
<input type="checkbox"/> Physical Address List (Per Municipality)	_____	x 10.00 = _____
<input type="checkbox"/> Sanitary List (Per District)	_____	x 5.00 = _____
<input type="checkbox"/> Alpha List (County)	_____	x 60.00 = _____
<input type="checkbox"/> Physical Address List (County)	_____	x 60.00 = _____
<input type="checkbox"/> Labels	_____	x .05 = _____
<input type="checkbox"/> Change File Edit List	_____	x 25.00 = _____

Digital Data Request: (Please check appropriate boxes)

	Total
<input type="checkbox"/> Assessment Information (Per Municipality)	25.00 = _____
<input type="checkbox"/> Assessment Information (Per County)	25.00 = _____

Choose Delivery Method:

Email FTP Postal Pick Up

Remit Payment to:

Oconto County (LIS) Land Information Systems
301 Washington St.
Oconto, WI 54153

Postage = _____

Total Amount Due = _____

Staff Purposes Only

Request Received by: _____ Date _____

Authorized by: _____ Date _____

Bill Applicant Paid - Receipt Number: _____

Request Completed by: _____ Date _____

Request Delivered Via: Pick Up Postal FTP Email CD